

# VanderCook College of Music Tuition Payment Plan

## MONTHLY PAYMENT PLAN ENROLLMENT FORM

Student Social Security # (last 4 digits): \_\_\_\_

Student's Name: \_\_\_\_\_

Payer's Name: \_\_\_\_\_

Payer's Address: \_\_\_\_\_

Payer's City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Payer's e-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Semester of Plan:      **Spring**          **Fall**      Year: \_\_\_\_\_

Total amount due: \_\_\_\_\_ \$ \_\_\_\_\_

Minimum down payment \_\_\_\_\_ \$ \_\_\_\_\_

Balance after downpayment \_\_\_\_\_ \$ \_\_\_\_\_

*It is expected that your balance be paid in full by the end of the current semester*

Monthly payment amount: \_\_\_\_\_ \$ \_\_\_\_\_

*payments will be drawn on the 15<sup>th</sup> of each month within the term.*

### PAYMENT OPTIONS:

#### 1. AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT (ACH DEBIT) (*Preferred Method*)

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

#### 2. CREDIT CARD: Automatically charge my payment to this card each month.

Card type:  Visa     Discover     MasterCard

Card number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. date: \_\_\_\_ / \_\_\_\_ 3-Digit Sec. Code: \_\_\_\_

**By signing, I agree to the terms beginning on the date below and will continue payment until my balance is paid in full by the end of the current semester. If at any time during this agreement I default on a payment, a hold will be placed on my student account prohibiting registration for future terms. I will be restricted from attending classes and may be subject to collections.**

Name (print): \_\_\_\_\_

Signature (required): \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_